



FINAL REPORT FORM

INDIVIDUAL ARTISTS

GRANT #

FY:

(Located on the top right hand corner of your grant agreement)

Send completed form to: **New Hampshire State Council on the Arts**

2 ½ Beacon Street, 2nd Floor

Concord, NH 03301

Phone: 271-2789 Fax: 271-3584

DUE DATE: No later than 30 days after the end of the state fiscal year (June 30) in which the grant was awarded.

FY06 – July 31, 2006

FY07 – July 31, 2007

FY08 – July 31, 2008

FY09—July 31, 2009

***IMPORTANT:** Extensions may be requested for up to 90 days. Requests must be submitted in writing by July 15th. Failure to submit this report by the original or extended due date will make you organization **ineligible to apply** for any type of State Arts Council grant for **two years** from the due date of report.

A. GRANTEE INFORMATION:

TYPE OF GRANT: ARTIST OPPORTUNITY

Name:

Address:

City, State, Zip:

Daytime Telephone:

Alternate Telephone Number:

Email:

B. BENEFICIARIES: Enter actual total numbers as requested into the boxes in right column.

1. (Ind) Indicate number of individuals benefiting from your activities during the grant period (e.g., audience, students, etc., excluding employees and/or paid performers):	___
2. (Art) Indicate number of artists participating:	___
3. (Nhart) Indicate number of professional New Hampshire artists participating:	___
4. (Com) Indicate number of communities benefiting from this project:	___
5. (Stu) Indicate number of students/youth benefiting from this project:	___
6. (%) Indicate what percentage of the project activities are directed toward arts education: If answer above is greater than "0" please put an "X" to indicate who the activities were directed to: ___ Pre-Kindergarten ___ K-12 ___ Higher education ___ Adult Learner	___
7. (Tea) Indicate the number of teachers involved:	___
8. (Adm) Indicate the number of school staff involved:	___

C. FINANCIAL SUMMARY

From Section F. Actual Financial Statement Part 1 & 2, complete the following:

NHSCA Grant Amount \$

Total Cash Expense \$

Total Cash Income \$

Total Value of In-Kind \$

NAME:
GRANT #:

D. WRITTEN EVALUATION

On separate sheets, answer the following questions in the order they appear. Attach no more than 5 typed pages and please number your responses.

1. Briefly, describe and evaluate the funded project in terms of the original application submitted.
 - How well did the project meet the goals and objectives as proposed?
 - If the project's goals were not met at all, explain why and whether the project met equally valuable, but different, goals or what you learned from the failure of the project.
2. If there are differences between the application or revised budget and the actual income and expenses that the project generated, explain the reason for the differences.
3. How did you credit the New Hampshire State Council on the Arts and the National Endowment for the Arts (where appropriate) for the funded activity/project? Please enclose sample of the credit as it appeared.
 - On one page or less, provide an anecdote and a statistical statement that persuasively demonstrate how effectively this funded project delivered public benefits to the citizens of New Hampshire.

E. DOCUMENTATION

1. Provide 1 to 5 images in the form of photographic prints, digital images, or slides of the funded activity/project that show the range of activities funded. Digital images may be submitted on compact disc (CD) and should be a minimum of 5" x 7" at 300 dpi. Images should be saved as JPG or IBM formatted TIF files.

The State Arts Council may use images for promotional purposes. Therefore, provide a list that identifies the content of each photo, the names of people pictured, and the photographer's name or source you wish credited and an identification of what the image portrays. Your submission of images will be interpreted as permission for the State Arts Council to publish the image/s for promotional/educational purposes.

2. Attach a selection of reviews and other publications about your activities during the grant period.

NAME:
GRANT #:

F. ACTUAL FINANCIAL STATEMENT

EXPENSES FOR PROJECT ONLY ↓	CASH ↓	IN-KIND ↓
<i>(PLEASE ITEMIZE)</i>		
SUPPLIES AND MATERIALS: _____:	\$	\$
_____:	\$	\$
REGISTRATION OR ENTRY FEES: _____:	\$	\$
_____:	\$	\$
CONTRACTED SERVICES: _____:	\$	\$
_____:	\$	\$
EQUIPMENT: _____:	\$	\$
_____:	\$	\$
SPACE RENTAL (location/rate): _____:	\$	\$
TRAVEL: (specify mileage, per diems, expenses)		
In-state:	\$	\$
Out-of-state:	\$	\$
MARKETING/PUBLICITY: (specify)	\$	\$
REMAINING PROJECT EXPENSES: (please itemize)		
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
TOTAL CASH EXPENSES: (must equal Total Cash Income)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS:		\$
Identify sources of in-kind (donated services or goods) contributions here: _____		

Actual Financial Statement (Continued)**PART 2 - INCOME**

Please complete the information on lines provided. Attach more pages as needed and number sections accordingly

REVENUE – EARNED INCOME:

Fees for Services:..... \$

Employer Reimbursement:\$

Contracted Services (*specify*):..... \$

Other Revenue (*specify*):..... \$

..... \$

SUPPORT - UNEARNED INCOME:

Corporate Sponsorships (*identify*): \$

New England Foundation for the Arts Grants: \$

Private Foundations (*identify*):..... \$

Other Support (*includes scholarships / fellowships*)

..... \$

..... \$

GOVERNMENT SUPPORT:

Federal: \$

State (*do not include this request*): \$

Local: \$

APPLICANT CASH: (*See Glossary for definition*)..... \$

SUB-TOTAL (*Income from Above*):\$

GRANT AMOUNT REQUESTED FROM ARTS COUNCIL:..... + \$

TOTAL CASH INCOME: (*Must equal Total Cash Expenses*) = \$

I certify that all the facts in this report and its attachments are true, and that the monies were spent as stipulated in the contract signed with the New Hampshire State Council on the Arts.

Signature _____ **Date** _____

Name (Please type or print) _____